

# Techalloy

ILLINOIS, INC.

UNION, ILL. 60180 Phone: 815-923-2131 (In Chicago: 312-263-6232) TWX: 910-642-3080

Toll Free Number: 1-800-435-8317

US EPA RECORDS CENTER REGION 5



1000366

February 18, 1986

Mr. David A. Stringham  
US Environmental Protection Agency  
Region 5  
230 S. Dearborn Street  
Chicago, IL 60604

RCRA Activities  
Region 5  
P.O. Box A3587  
Chicago, IL 60690

Attn: 5 HS-JCK-13

Attn: ATKJG

Dear Mr. Stringham & RCRA Activities Director:

Techalloy Illinois, Inc. is in receipt of your undated letter #ILD 005178975, concerning Techalloy's Hazardous Waste Permit Application. We are in the process of preparing a response to your letter and completing the certification regarding potential releases from solid waste management units included within that letter.

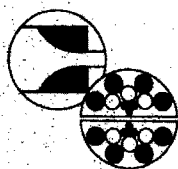
Unfortunately, we find that we will be unable to provide a complete response until approximately March 15, 1986. Please advise whether there will be any problem with our responding by that date.

Very truly yours,

George Miller  
Plant Maintenance Superintendent

GM/kal

Call Techalloy First



Executive Offices  
Rahns, Penna.  
Techalloy Company, Inc.  
215-489-7211  
TWX 510-660-6918

New England  
800-523-1777

Jonesboro (Atlanta), Ga.  
833 Sherwood Drive  
404-478-6966

Chicago, Illinois  
Direct Line To—  
Techalloy Illinois, Inc.  
312-263-6232

Baltimore, Md.  
Techalloy Maryland, Inc.  
Reid-Avery Division  
301-633-9300; 800-638-1458  
TWX 710-235-0800

Houston, Texas  
Techalloy Texas, Inc.  
713-466-1000  
TWX 910-881-1716

Los Angeles, Cal.  
Direct Lines To—  
(Industry) 213-686-0400  
(Perris) 213-332-2411

City of Industry, Cal.  
Techalloy Inc., California  
213-330-2211  
TWX 910-584-1301

Perris, California  
Techalloy Western, Inc.  
714-657-2105  
TWX 910-332-1303

Mfrs. of Technically-controlled Wire, Rod,  
Strip & Shaped Wire, Welding Wire &  
Coated Electrodes, Heat & Corrosion-  
resistant Alloys, Nuclear Metals, Nickel,  
MONEL\*, INCONEL\*, INCOLOY\*, NI-  
SPAN-C\* Techalloy Stainless & Alloy  
Steels, Electrical Resistance and Glass-  
Sealing Alloys, Aluminum, Waspaloy.  
(\*Reg. T.M. of International Nickel)

FORM 3510-3  
RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE PERMIT APPLICATION  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

EPA I.D. NUMBER

F	I	L	D	0	0	5	1	7	8	9	7	5	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---

FOR OFFICIAL USE ONLY

APPLICATION RECEIVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	S03	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	I01	TONS PER HOUR OR GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided: Item III-C.)		
Injection Well	D01	GALLONS OR LITERS			
LANDFILL	D02	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D03	ACRES OR HECTARES			
OCEAN DISPOSAL	D04	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D05	GALLONS OR LITERS			
UNIT OF MEASURE	CODE	UNIT OF MEASURE	CODE	UNIT OF MEASURE	CODE
GALLONS	G01	LITERS PER DAY	L01	TONS PER HOUR	T01
LITERS	G02	ACRES OR HECTARES	L02	GALLONS PER HOUR	L02
CUBIC YARDS	G03	GALLONS PER HOUR	G04	HECTARES	H01
CUBIC METERS	G04	LITERS PER HOUR			
GALLONS PER DAY	G05				

EXAMPLE FOR COMPLETING ITEM III (shown in the numbers 1 and 2 below): A facility has processes that can hold 480 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	C. UNIT OF MEASURE (from list above)	OFFICIAL USE ONLY
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	T 0 1	2000	G	
2	T 0 4	3000	G	
3	S 0 2	16,500	G	
4				

PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE, INCLUDE DESIGN CAPACITY.

N.A.

DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility reports use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

1. PROCESS CODES: For each listed hazardous waste entered in column A, enter the code of the process(es) code(s) from item (1) of the table below the waste(s) which will be used to treat, store, or dispose of the waste(s) at the facility. If the waste(s) is not listed in column A, enter the code(s) of the process(es) which will be used to treat, store, or dispose of the waste(s) at the facility. If the waste(s) is not listed in column A, enter the code(s) of the process(es) which will be used to treat, store, or dispose of the waste(s) at the facility. If the waste(s) is not listed in column A, enter the code(s) of the process(es) which will be used to treat, store, or dispose of the waste(s) at the facility.

2. PROCESS DESCRIPTION: For each process code entered in column C, enter the description of the process in the space provided on page 3 of this form. If the process code is not entered in column C, the process description must be entered in the space provided on page 3 of this form. If the process code is not entered in column C, the process description must be entered in the space provided on page 3 of this form. If the process code is not entered in column C, the process description must be entered in the space provided on page 3 of this form.

EXAMPLE FOR COMPLETING ITEM IV: A facility will treat and dispose of an estimated 900 pounds per year of waste shavings from leather tanning and finishing operations. In addition, the facility will treat and dispose of three non-listed hazardous wastes: (1) a corrosive liquid and there will be an estimated 400 pounds per year of that waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. HAZARDOUS WASTE NO. (4-digit code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS CODES (enter code)				E. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	K 0 5 4	900	P	T 0 3	D 8 0			
2	D 0 0 2	400	P	T 0 3	D 8 0			
3	D 0 0 1	100	P	T 0 3	D 8 0			
4	D 0 0 2							Included with above

EPA I.D. NUMBER (enter from page 1)  
V I L D 0 0 5 1 7 8 9 7 5 1

FOR OFFICIAL USE ONLY  
W DUP 2 DUP

DESCRIPTION OF HAZARDOUS WASTES (continued)

NO.	EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES			
				1. PROCESS CODES (enter)		2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
1	D 0 0 2	0	P	T 0 1		Acid Treatment Plant	
2	D 0 0 3	0	P	T 0 4		Cyanide Treatment Tanker	
3	D 0 0 2	3,187,000	P	S 0 2		Acid Pit-Hazardous Waste	
4						Accumulation Tank	
5							
6							
7							
8							
9							
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17							
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21							
22							
23							
24							
25							
26							

**DESCRIPTION OF HAZARDOUS WASTES (continued)**  
 USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

PA I.D. NO. (enter from page 1)											
L	D	0	0	5	1	7	8	9	7	5	T/A C
											6

**FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**I. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**II. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>

**III. FACILITY OWNER**

- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
- ☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER		2. PHONE NO. (area code & no.)	
Techalloy Company, Inc.		815-923-2131	
3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
P.O. Box 423	Union	IL	60180

**X. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
George R. Miller		

**Y. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
George R. Miller	<i>George R. Miller</i>	12/10/90

# Techalloy

ILLINOIS, INC.

Toll Free Number: 1-800-435-8317  
UNION, ILL. 60180 Phone: 815-923-2131 (In Chicago: 312-263-6232) TWX: 910-642-3080

January 15, 1988

Division of Land Pollution Control  
 Illinois Environmental Protection Agency  
 2200 Churchill Road  
 Springfield, Illinois 62706

Attn: Mr. Lawrence W. Eastep, P.E.  
 Manager, Permit Section

Dear Mr. Eastep:

Techalloy Illinois, Inc. is submitting the above-noted forms to update your records to reflect the current status of the operations at our facility. These forms were most recently modified in late 1985. This current modification reflects changes in our operations and raw materials, and also reflects our efforts in implementation of our waste minimization program.

If you have questions regarding these revised forms, please contact Mr. John W. Thorsen, P.E., at Roy F. Weston, Inc. His telephone number is 312-295-6020.

Very truly yours,

TECHALLOY ILLINOIS, INC.

*George R. Miller*  
 George R. Miller  
 Maintenance Superintendent

CC: U.S. EPA  
 Waste Management Division  
 230 S. Dearborn Street  
 Chicago, Illinois 60604

Techalloy First

Executive Offices  
 Rahns, Penna.  
 Techalloy Company, Inc.  
 215-488-7211  
 TWX 510-660-6916

New England  
 800-523-1777  
 Jonesboro (Atlanta), Ga.  
 833 Sherwood Drive  
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 Techalloy Maryland, Inc.  
 Reid-Avery Division  
 301-633-6300; 800-638-1458  
 TWX 710-235-0800

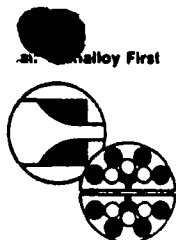
Houston, Texas  
 Techalloy Texas, Inc.  
 713-466-1000  
 TWX 910-881-1716

Los Angeles, Cal.  
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 (Industry) 213-886-0400  
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City of Industry, Cal.  
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 213-330-2211  
 TWX 910-584-1301

Perris, California  
 Techalloy Western, Inc.  
 714-657-2105  
 TWX 910-332-1303

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U.S. ENVIRONMENTAL PROTECTION AGENCY  
**NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**

**INSTRUCTIONS:** If you submit a completed label, enter it in the space at left. If any of the information on the label is incorrect, check it off through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave the label as is. If below blank. If you did not receive a completed label, complete all items. Installation must be a single site where hazardous waste is generated, treated, stored and/or disposed of. Do not transport's principal place of business. Refer to the INSTRUCTIONS FOR THE NOTIFICATION before completing this form. The information requested is required by the Resource Conservation and Recovery Act.

**I. INSTALLATION'S EPA I.D. NO.**

**II. NAME OF INSTALLATION**

**III. INSTALLATION MAILING ADDRESS**

**IV. LOCATION OF INSTALLATION**

PLEASE PLACE LABEL IN THIS SPACE

**FOR OFFICIAL USE ONLY**

**COMMENTS**

**DATE RECEIVED** (yr, mo, & day)

**APPROVED**

**INSTALLATION'S EPA I.D. NUMBER**

**A. NAME OF INSTALLATION**

TECHALLOY ILLINOIS INC

**B. INSTALLATION MAILING ADDRESS**

**STREET OR P.O. BOX**

PO BOX 423

**CITY OR TOWN** UNION **ST.** IL **ZIP CODE** 60180

**C. LOCATION OF INSTALLATION**

**STREET OR ROUTE NUMBER**

OLSON & JEFFERSON RDS

**CITY OR TOWN** UNION **ST.** IL **ZIP CODE** 60180

**D. INSTALLATION CONTACT**

**NAME AND TITLE (last, first, & job title)**

MILLER GEORGE MAINT SUPT

**PHONE NO. (city, area, & number)**

815 923 2131

**E. OWNERSHIP**

**NAME OF INSTALLATION'S LEGAL OWNER**

TECHALLOY ILLINOIS INC

**F. TYPE OF OWNERSHIP** (enter the appropriate letter in the box)

F - FEDERAL  
M - NON-FEDERAL

M

**G. TYPE OF HAZARDOUS WASTE ACTIVITY** (enter "X" in the appropriate box(es))

☒ A. GENERATION ☐ B. TRANSPORTATION (excluding off-site treatment, storage, or disposal)

☒ C. TREAT/STORE/DISPOSE ☐ D. UNDERGROUND INJECTION

**H. MODE OF TRANSPORTATION** (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

DEC 20 1990

**I. FIRST OR SUBSEQUENT NOTIFICATION**

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION ☒ B. SUBSEQUENT NOTIFICATION (enter EPA I.D. No. C)

**C. INSTALLATION'S EPA I.D. NO.**

ILD005178975

**J. DESCRIPTION OF HAZARDOUS WASTES**

Please go to the reverse of this form and provide the requested information.



**IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 6	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

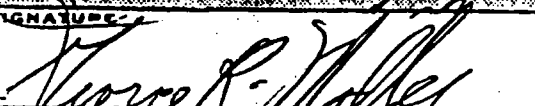
61	62	63	64	65	66
67	68	69	70	71	72

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ FLAMMABLE (D001)     
 ☒ CORROSIVE (D002)     
 ☒ REACTIVE (D003)     
 ☒ TOXIC (D004)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (Type or print) GEORGE R. MILLER MAINTENANCE SUPERVISOR	DATE SIGNED 1/18/88
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	------------------------



FOR OFFICIAL USE ONLY  
APPLICATION APPROVED DATE RECEIVED (yr., mo., & day)  
COMMENTS  
23 24 25

I. FIRST OR REVISED APPLICATION  
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)  
1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)  
2. NEW FACILITY (Complete item below.)  
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)  
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN  
YR. MO. DAY  
73 74 75 76 77 78  
73 74 75 76 77 78

3. REVISED APPLICATION (place an "X" below and complete Item I above)  
1. FACILITY HAS INTERIM STATUS  
2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

3. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.  
1. AMOUNT - Enter the amount.  
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP  
T/A C  
1  
13 14 15  
LINE NUMBER  
A. PRO-  
CESS  
CODE  
(from list  
above)  
B. PROCESS DESIGN CAPACITY  
1. AMOUNT  
(specify)  
2. UNIT  
OF MEA-  
SURE  
(enter  
code)  
FOR  
OFFICIAL  
USE  
ONLY  
X-1 S 0 2 600 G 5  
X-2 T 0 3 20 E 6  
1 T 0 1 2000 G 7  
T 0 1 3000 G 8  
3  
4  
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

# PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR DESCRIBING OTHER PROCESSES (code "T04"). EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

N/A

## DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## PROCESSES

### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 200 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NUMBER	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
1	K 0 5 4	900	P	T	0	3	D	8	0		
2	D 0 0 2	400	P	T	0	3	D	8	0		
3	D 0 0 1	100	P	T	0	3	D	8	0		
4	D 0 0 2									included with above	

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY									
1 L D 0 0 5 1 7 8 9 7 5 1													W 2 DUP									
DESCRIPTION OF HAZARDOUS WASTES (continued)																						
NO.	A. EPA HAZARD. WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE			C. UNIT OF MEASURE (enter code)		D. PROCESSES													
									1. PROCESS CODES (enter)										2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	D	0	0	2			4000		P						T	0	1					
2	D	0	0	3			4000		P						T	0	1					
3																						
4																						
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EPA I.D. NO. (enter from page 1)

ILD005178975 T/A C  
6

### FACILITY DRAWING

Existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

### PHOTOGRAPHS

Existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

### I. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

### II. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

TECHALLOY ILLINOIS INC.

815-923-2131

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

P.O. BOX 423

UNION

IL

60180

### OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

GEORGE R. MILLER

1/18/88

### OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

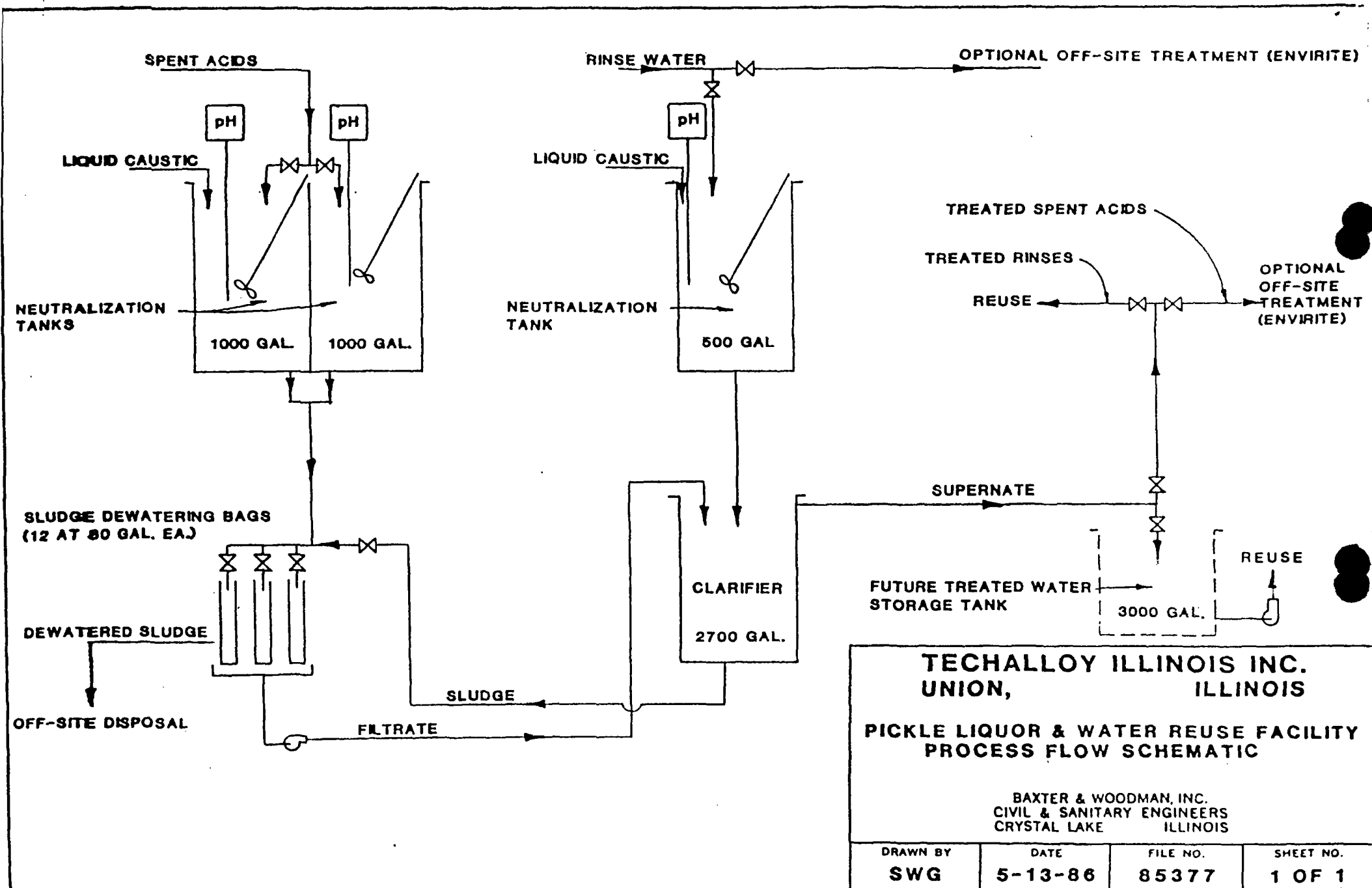
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

GEORGE R. MILLER

1/18/88



# Techalloy

ILLINOIS, INC.

UNION, ILL. 60180 Phone: 815-923-2131 (In Chicago: 312-263-6232) TWX: 910-842-3080

Toll Free Number: 1-800-435-8317

January 15, 1988

Division of Land Pollution Control  
Illinois Environmental Protection Agency  
2200 Churchill Road  
Springfield, Illinois 62706

Attn: Mr. Lawrence W. Eastep, P.E.  
Manager, Permit Section

Dear Mr. Eastep:

Techalloy Illinois, Inc. is submitting the above-noted forms to update your records to reflect the current status of the operations at our facility. These forms were most recently modified in late 1985. This current modification reflects changes in our operations and raw materials, and also reflects our efforts in implementation of our waste minimization program.

If you have questions regarding these revised forms, please contact Mr. John W. Thorsen, P.E., at Roy F. Weston, Inc. His telephone number is 312-295-6020.

Very truly yours,

TECHALLOY ILLINOIS, INC.

*George R. Miller*  
George R. Miller  
Maintenance Superintendent

CC: U.S. EPA  
Waste Management Division  
230 S. Dearborn Street  
Chicago, Illinois 60604

Call Techalloy First



Executive Offices  
Rahna, Penna.  
Techalloy Company, Inc.  
215-489-7211  
TWX 510-880-8918

New England  
800-523-1777  
Jonesboro (Atlanta), Ga.  
833 Sherwood Drive

Chicago, Illinois  
Direct Line To—  
Techalloy Illinois, Inc.  
312-263-6232

Baltimore, Md.  
Techalloy Maryland, Inc.  
Reid-Avery Division  
301-433-9300; 800-838-1458

Houston, Texas  
Techalloy Texas, Inc.  
713-488-1000  
TWX 910-881-1716

Los Angeles, Cal.  
Direct Line To—  
(Industry) 213-488-0400  
(Perris) 213-332-2411

City of Industry, Cal.  
Techalloy Inc., California  
213-330-2211  
TWX 910-584-1301

Perris, California  
Techalloy Western, Inc.  
714-667-2105  
TWX 910-332-1303

Mfr. of Technically-controlled Wire, Rod,  
Strip & Shaped Wire, Welding Wire &  
Coated Electrodes, Heat & Corrosion-  
resistant Alloys, Nuclear Metals, Nickel,  
MONEL®, INCONEL®, INCOLOY®, NI-  
SPAN®, Techalloy Stainless & Alloy  
Bars, Electrical Resistance and Glass-  
Sealing Alloys, Aluminum, Waspaloy.  
(\*Reg. T.M. of International Nickel)





**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave boxes 11(I) and 11 below blank. If you did not receive a preprinted label, completion of items 11 through 13 means a single trip where hazardous waste is generated, treated, stored, loaded, unloaded, or is a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3090 of the Resource Conservation and Recovery Act).

I.	INSTALLATION'S EPA I.D. NO.
II.	NAME OF INSTALLATION MAILING ADDRESS
III.	LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

**FOR OFFICIAL USE ONLY**

## COMMENT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	5
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[illegible]

## NAME OF INSTALLATION

TECH ALLOY ILLINOIS INC

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX															
3	P	O	B	O	X	4	2	3							

CITY OR TOWN															ST.	ZIP CODE					
4	U	N	I	O	N											IL	6	0	1	8	0

### III. LOCATION OF INSTALLATION

[illegible]

CITY OR TOWN		ST.	ZIP CODE
UNION		IL	60180

#### IV. INSTALLATION CONTACT

NAME AND TITLE (Last, First & Job Title)													PHONE NO. (Area Code & No.)																		
2	M	I	L	L	E	R	G	E	O	R	G	E	M	A	I	N	T	S	U	P	T	8	1	5	9	2	3	2	1	3	1

### Y. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER																				
8	T	E	C	H	A	L	L	O	I	S	I	N	C							

<b>VI. TYPE OF OWNERSHIP</b> (enter the appropriate letter in the box)		<b>VI. TYPE OF HAZARDOUS WASTE ACTIVITY</b> (enter "X" in the appropriate box(es))	
F - FEDERAL M - NON-FEDERAL	M	<input checked="" type="checkbox"/> A. GENERATION <input checked="" type="checkbox"/> G. TREAT/TYRE/DISPOSE	<input type="checkbox"/> B. TRANSPORTATION (including tank yard) <input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR    ☐ B. RAIL    ☐ C. HIGHWAY    ☐ D. WATER    ☐ E. OTHER (specify):

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

<input type="checkbox"/> A. FIRST NOTIFICATION	<input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	C. INSTALLATION'S EPA I.D. NO.
		I L D O 0 5 1 7 8 9 7 5

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

<b>FORM</b> <b>3</b> <b>RCRA</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program <i>(This information is required under Section 3003 of RCRA.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             IL D 00 5 1 7 8 9 7 5           </div>														
<b>FOR OFFICIAL USE ONLY</b>																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">APPLICATION APPROVED</th> <th style="width:10%;">DATE RECEIVED (yr., mo., &amp; day)</th> <th style="width:80%;">COMMENTS</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>		APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS													
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS															
<b>II. FIRST OR REVISED APPLICATION</b>																	
Place an "X" in the appropriate box in A or B below (mark <u>one</u> box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																	
<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>A. FIRST APPLICATION</b> (Place an "X" below and provide the appropriate date)  <input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)  <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YR.</th> <th>MO.</th> <th>DAY</th> </tr> <tr> <td style="text-align: center;">8</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 80%;">           FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)         </div> </div> </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> 2. NEW FACILITY (Complete item below.)            FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR IS EXPECTED TO BEGIN  <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YR.</th> <th>MO.</th> <th>DAY</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 80%;">           PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR IS EXPECTED TO BEGIN         </div> </div> </td> </tr> </table>				<b>A. FIRST APPLICATION</b> (Place an "X" below and provide the appropriate date) <input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YR.</th> <th>MO.</th> <th>DAY</th> </tr> <tr> <td style="text-align: center;">8</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 80%;">           FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)         </div> </div>	YR.	MO.	DAY	8			<input type="checkbox"/> 2. NEW FACILITY (Complete item below.) FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YR.</th> <th>MO.</th> <th>DAY</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 80%;">           PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR IS EXPECTED TO BEGIN         </div> </div>	YR.	MO.	DAY			
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YR.	MO.	DAY															
8																	
YR.	MO.	DAY															
<b>B. REVISED APPLICATION</b> (place an "X" below and complete item I above) <input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS <input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT																	
<b>III. PROCESSES - CODES AND DESIGN CAPACITIES</b>																	
<b>A. PROCESS CODE</b> - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																	
<b>B. PROCESS DESIGN CAPACITY</b> - For each code entered in column A enter the capacity of the process.																	
<table style="width:100%;"> <tr> <td style="width:25%;">1. AMOUNT - Enter the amount.</td> <td style="width:25%;">2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.</td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				1. AMOUNT - Enter the amount.	2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.												
1. AMOUNT - Enter the amount.	2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																
PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY															
<b>Storage:</b>																	
CONTAINER (barrel, drum, etc.)	501	GALLONS OR LITERS															
TANK	502	GALLONS OR LITERS															
WASTE PILE	503	CUBIC YARDS OR CUBIC METERS															
SURFACE IMPOUNDMENT	504	GALLONS OR LITERS															
<b>Disposal:</b>																	
INJECTION WELL	D79	GALLONS OR LITERS															
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER															
LAND APPLICATION	D81	ACRES OR HECTARES															
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY															
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS															
<b>Treatment:</b>																	
TANK	T01	GALLONS PER DAY OR LITERS PER DAY															
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY															
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR															
	T04	GALLONS PER DAY OR LITERS PER DAY															
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided: Item III-C.)																	
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE														
GALLONS	G	LITERS PER DAY	V														
LITERS	L	TONS PER HOUR	D														
CUBIC YARDS	Y	METRIC TONS PER HOUR	W														
CUBIC METERS	C	GALLONS PER HOUR	E														
GALLONS PER DAY	U	LITERS PER HOUR	H														
ACRE-Feet	A																
HECTARE-METER	F																
ACRES	S																
HECTARES	B																

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
	T 0 1	2000	G	7			
2	T 0 4	3000	G	8			
3				9			
4				10			

**II. PROCESSES (continued)**

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE, INCLUDE DESIGN CAPACITY.

N/A

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**1. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**2. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**3. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**      **CODE**  
 POUNDS.....P  
 TONS.....T

**METRIC UNIT OF MEASURE**      **CODE**  
 KILOGRAMS.....K  
 METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous waste:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
	054	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				Included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 25 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
I L D 0 0 5 1 7 8 9 7 5 1															W DUP 2 DUP									

DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES								2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
	1	2	3			1. PROCESS CODES (enter)										
1	D	0	02	4000	P	T	O	1								
2	D	0	03	4000	P	T	O	4								
3																
4																
5																
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26																

DESCRIPTION OF HAZARDOUS WASTES  
USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)									
1	2	3	4	5	6	7	8	9	10
1	1	0	0	3	1	7	8	9	7
11	12	13	14	15	16	17	18	19	20
									6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									

VIII. FACILITY OWNER

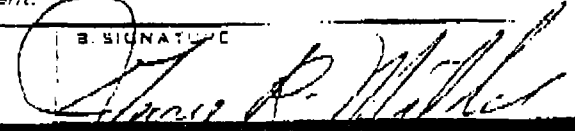
A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items.

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
TECHALLOY ILLINOIS INC.										815-923-2131									
3. STREET OR P.O. BOX										4. CITY OR TOWN									
P.O. BOX 423										UNION									
5. ST.										6. ZIP CODE									
IL										60180									

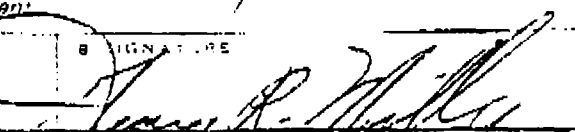
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME OF SIGNER	B. SIGNATURE	C. DATE SIGNED
GEORGE R. MILLER		1/18/88

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME OF SIGNER	B. SIGNATURE	C. DATE SIGNED
GEORGE R. MILLER		1/18/88

**D. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**

**HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES:** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F006	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32

**HAZARDOUS WASTES FROM SPECIFIC SOURCES:** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32

**COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES:** Enter the four-digit number from 40 CFR Part 261.33 for each listed hazardous waste from commercial chemical products your installation handles which may be a hazardous waste. Use additional sheets if necessary.

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32

**D. LISTED INFECTIOUS WASTES:** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospital, veterinary, medical and research laboratories your installation handles. Use additional sheets if necessary.


1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32

**F. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES:** Mark ☐ if the waste corresponds to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Part 261.21 - 261.27.)

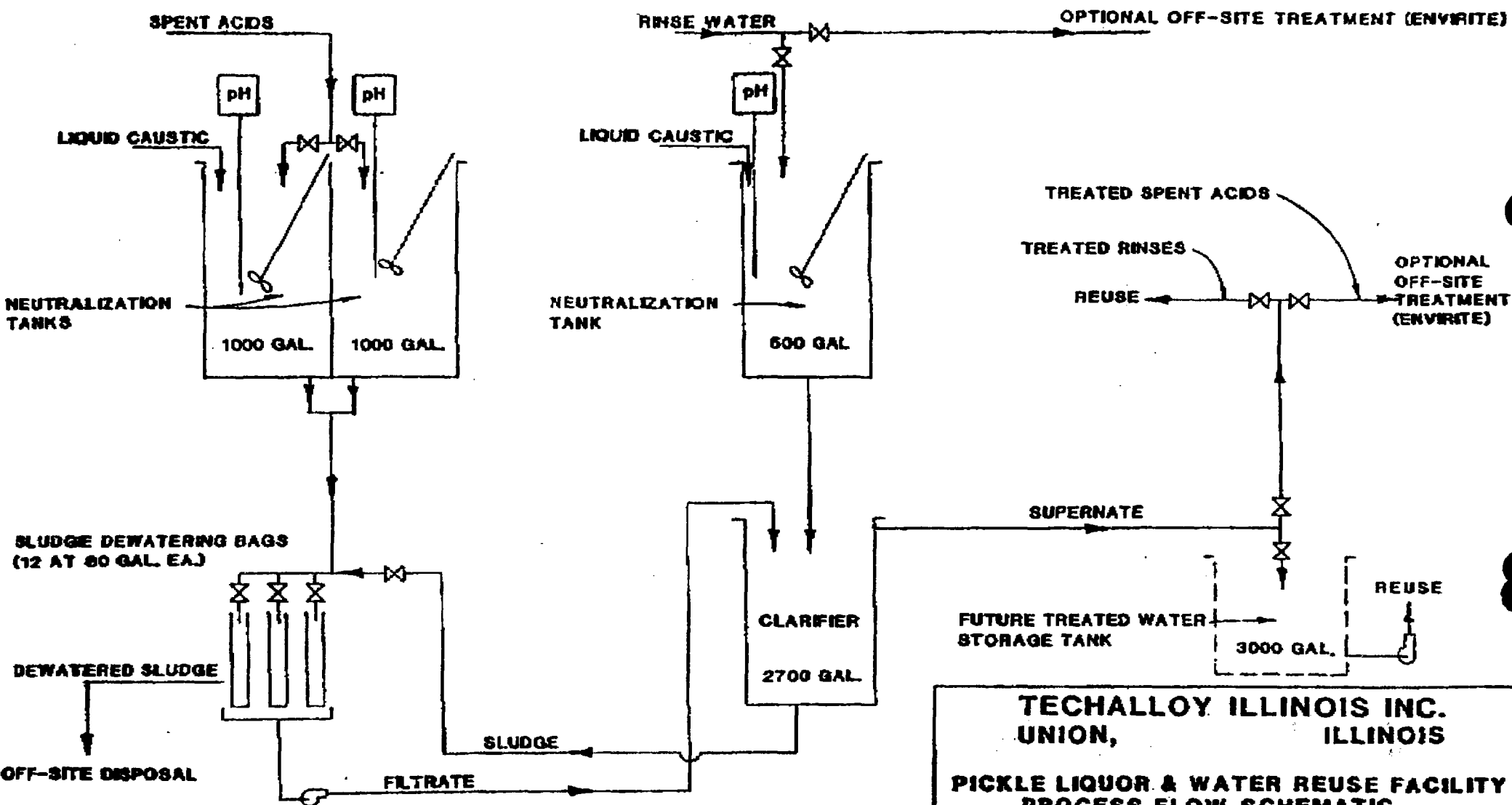
<input type="checkbox"/> 1. IGNITABLE (D001)	<input checked="" type="checkbox"/> 2. CORROSIVE (D002)	<input checked="" type="checkbox"/> 3. REACTIVE (D003)	<input type="checkbox"/> 4. TOXIC (D004)
----------------------------------------------	---------------------------------------------------------	--------------------------------------------------------	------------------------------------------

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for providing false information, including the possibility of fine and imprisonment.

<b>SIGNATURE:</b> 	<b>NAME &amp; OFFICIAL TITLE (type or print):</b> GEORGE R. MILLER MAINTENANCE SUPERVISOR	<b>DATE SIGNED:</b> 1/18/88
---------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------	--------------------------------





**TECHALLOY ILLINOIS INC.**  
**UNION, ILLINOIS**

**PICKLE LIQUOR & WATER REUSE FACILITY  
 PROCESS FLOW SCHEMATIC**

BAXTER & WOODMAN, INC.  
 CIVIL & SANITARY ENGINEERS  
 CRYSTAL LAKE, ILLINOIS

DRAWN BY  
**SWG**

DATE  
**5-13-86**

FILE NO  
**85377**

SHEET NO.  
**1 OF 1**

ORIGINAL  
COPY OF PART A  
11/18/80 SIGNED BY WILLIAM DONNELLY

APPROVED DATE RECEIVED  
(yr. mo. & day)

23	24	25
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FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

- ☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

- ☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

- ☒ 1. FACILITY HAS INTERIM STATUS

- ☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
<b>Disposal:</b>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

**Treatment:**

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C																																			
T/A C																																			
1																																			
12 13 14 15																																			
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32																																			
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY									
		1. AMOUNT (specify)												2. UNIT OF MEASURE (enter code)		FOR OFFICIAL USE ONLY		1. AMOUNT										2. UNIT OF MEASURE (enter code)		FOR OFFICIAL USE ONLY					
X-1	S02	600										G				5																			
X-2	T03	20										E				6																			
1	T01	2000														7																			
2	D80	0.00075														8																			
3																9																			
4																10																			

# IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

W Z JZ	A. EPA HAZARD. WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES				
	23	24	25			1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K	0	63	800,000	P					
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
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FORM <b>3</b> RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> <i>Consolidated Permits Program</i> (This information is required under Section 3005 of RCRA.)	I. EPCRA NUMBER									
			FIELD 005178975									

**OR OFFICIAL USE ONLY**

APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)				COMMENTS
23		24			18	

**FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's I.D. Number in Item I above.

**FIRST APPLICATION** (place an "X" below and provide the appropriate date)

- ☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

YR.		MO.		DAY	
73	74	75	76	77	78

**FOR EXISTING FACILITIES. PROVIDE THE DATE (yr., mo., & day)  
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED  
(use the boxes to the left)**

- ☐
2. NEW FACILITY (Complete item below.)

YR.		MO.		DAY	
73	74	73	74	77	78

**FOR NEW FACILITIES,  
PROVIDE THE DATE  
(yr., mo., & day) OPERATION  
BEGAN OR IS  
EXPECTED TO BEGIN**

**REVISED APPLICATION** (place an "X" below and complete item 1 above)

- ☒ 1. FACILITY HAS INTERIM STATUS

- ☐ 2. FACILITY HAS A RCRA PERMIT

## I. PROCESSES – CODES AND DESIGN CAPACITIES

**PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**PROCESS DESIGN CAPACITY** — For each code entered in column A enter the capacity of the process.

1. **AMOUNT** - Enter the amount.
2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			<b>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</b>		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	H
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

A. PROCESS CODE (from list above)			B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)		B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
1. AMOUNT (specify)			2. UNIT OF MEASURE (enter code)				1. AMOUNT			2. UNIT OF MEASURE (enter code)	
1	S	02	600	G		5					
2	T	03	20	E		6					
	T	01	2000	G		7					
						8					
						9					
						10					

## II. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

N/A

### DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE  
POUNDS.....P  
TONS.....T

METRIC UNIT OF MEASURE CODE  
KILOGRAMS.....K  
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### PROCESSES

#### 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

#### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**SAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K 0 5 4	900	P	T 0 3 D 8 0	
2	0 0 2	400	P	T 0 3 D 8 0	
3	D 0 0 1	100	P	T 0 3 D 8 0	
4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY										
<div style="display: flex; justify-content: space-between;"> <span>11 12 13</span> <span>14 15 16</span> </div>										<div style="display: flex; justify-content: space-between;"> <span>17 18 19</span> <span>20 21 22</span> </div>										
<div style="display: flex; justify-content: space-between;"> <span>23 24 25</span> <span>26 27 28</span> </div>										<div style="display: flex; justify-content: space-between;"> <span>29 30 31</span> <span>32 33 34</span> </div>										
DESCRIPTION OF HAZARDOUS WASTES (continued)																				
A. EPA HAZARD. WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE		C. UNIT OF MEASURE (enter code)		D. PROCESSES														
						1. PROCESS CODES (enter)														
						2. PROCESS DESCRIPTION (if a code is not entered in D(1))														
1	K062	258,960	P	502T01																
2	D003	16,600	P	T01																
3																				
4																				
5																				
6																				
7																				
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26																				



# DESCRIPTION OF HAZARDOUS WASTES (continued)

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

IL0005178975 6

## FACILITY DRAWING

existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## I. PHOTOGRAPHS

existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## II. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

## III. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

C 548

P 357 388 049

## RECEIPT FOR CERTIFIED MAIL

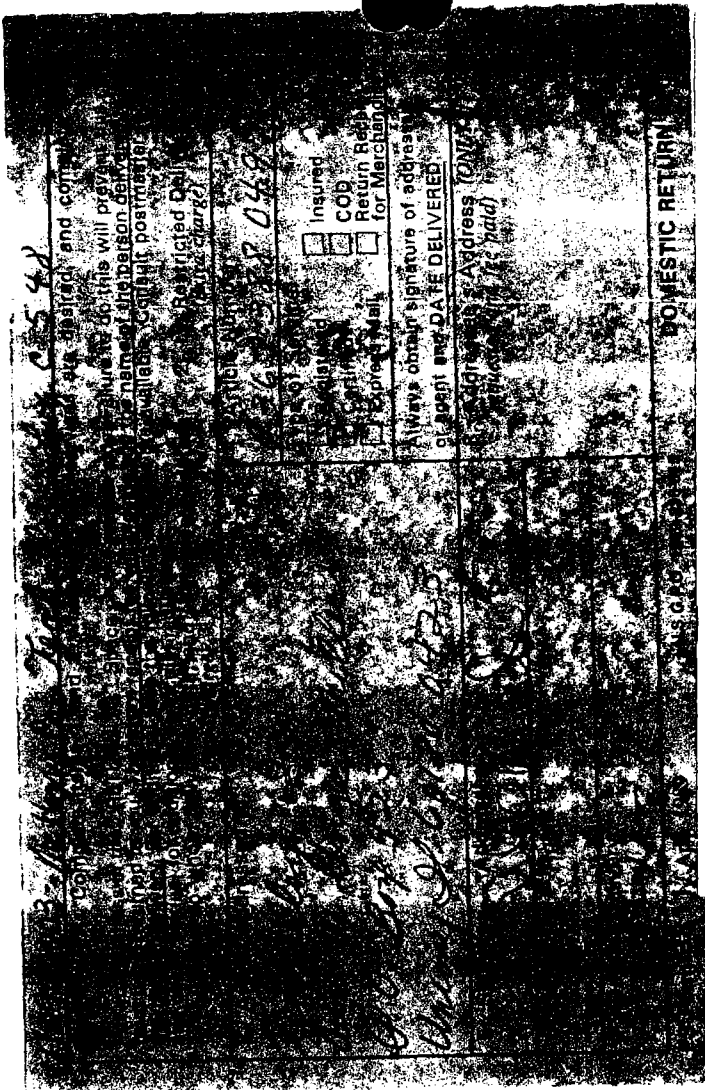
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989 234-555

PS Form 3800, June 1985

Sent to <i>Mr. George Hallen</i>	
Street and No. <i>P.O. Box 423</i>	
P.O., State and ZIP Code <i>Union, N.J. 07080-0423</i>	
Postage	\$ <i>52</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>1.00</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>52.52</i>
Postmark or Date	<i>SEP 13 1985</i>



[illegible]

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item 1 above.

- FOR NEW FACILITIES,  
PROVIDE THE DATE  
(yr., mo., & day) OPERA-  
TION BEGAN OR IS  
EXPECTED TO BEGIN**

YR.		MO.		DAY	
23	24	25	26	27	28

PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

- ☐ 2. FACILITY HAS A RCRA PERMIT

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

2. **UNIT OF MEASURE** -- For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR		
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY		T04	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE			UNIT OF MEASURE CODE		
UNIT OF MEASURE	CODE	UNIT OF MEASURE	CODE	UNIT OF MEASURE	CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C		T/A C		1		13 14 15		16 17 18		19 20 21		22 23 24		25 26 27		28 29 30		31 32 33		34 35 36		37 38 39		40 41 42		43 44 45		46 47 48		49 50 51		52 53 54		55 56 57		58 59 60		61 62 63		64 65 66		67 68 69		70 71 72		73 74 75		76 77 78		79 80 81		82 83 84		85 86 87		88 89 90		91 92 93		94 95 96		97 98 99		100 101 102		103 104 105		106 107 108		109 110 111		112 113 114		115 116 117		118 119 120		121 122 123		124 125 126		127 128 129		130 131 132		133 134 135		136 137 138		139 140 141		142 143 144		145 146 147		148 149 150		151 152 153		154 155 156		157 158 159		160 161 162		163 164 165		166 167 168		169 170 171		172 173 174		175 176 177		178 179 180		181 182 183		184 185 186		187 188 189		190 191 192		193 194 195		196 197 198		199 200 201		202 203 204		205 206 207		208 209 210		211 212 213		214 215 216		217 218 219		220 221 222		223 224 225		226 227 228		229 230 231		232 233 234		235 236 237		238 239 240		241 242 243		244 245 246		247 248 249		250 251 252		253 254 255		256 257 258		259 260 261		262 263 264		265 266 267		268 269 270		271 272 273		274 275 276		277 278 279		280 281 282		283 284 285		286 287 288		289 290 291		292 293 294		295 296 297		298 299 300		301 302 303		304 305 306		307 308 309		310 311 312		313 314 315		316 317 318		319 320 321		322 323 324		325 326 327		328 329 330		331 332 333		334 335 336		337 338 339		340 341 342		343 344 345		346 347 348		349 350 351		352 353 354		355 356 357		358 359 360		361 362 363		364 365 366		367 368 369		370 371 372		373 374 375		376 377 378		379 380 381		382 383 384		385 386 387		388 389 390		391 392 393		394 395 396		397 398 399		400 401 402		403 404 405		406 407 408		409 410 411		412 413 414		415 416 417		418 419 420		421 422 423		424 425 426		427 428 429		430 431 432		433 434 435		436 437 438		439 440 441		442 443 444		445 446 447		448 449 450		451 452 453		454 455 456		457 458 459		460 461 462		463 464 465		466 467 468		469 470 471		472 473 474		475 476 477		478 479 480		481 482 483		484 485 486		487 488 489		490 491 492		493 494 495		496 497 498		499 500 501		502 503 504		505 506 507		508 509 510		511 512 513		514 515 516		517 518 519		520 521 522		523 524 525		526 527 528		529 530 531		532 533 534		535 536 537		538 539 540		541 542 543		544 545 546		547 548 549		550 551 552		553 554 555		556 557 558		559 560 561		562 563 564		565 566 567		568 569 570		571 572 573		574 575 576		577 578 579		580 581 582		583 584 585		586 587 588		589 590 591		592 593 594		595 596 597		598 599 600		601 602 603		604 605 606		607 608 609		610 611 612		613 614 615		616 617 618		619 620 621		622 623 624		625 626 627		628 629 630		631 632 633	
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continued from the front.

# PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

N/A

## DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## PROCESSES

### PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**E: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

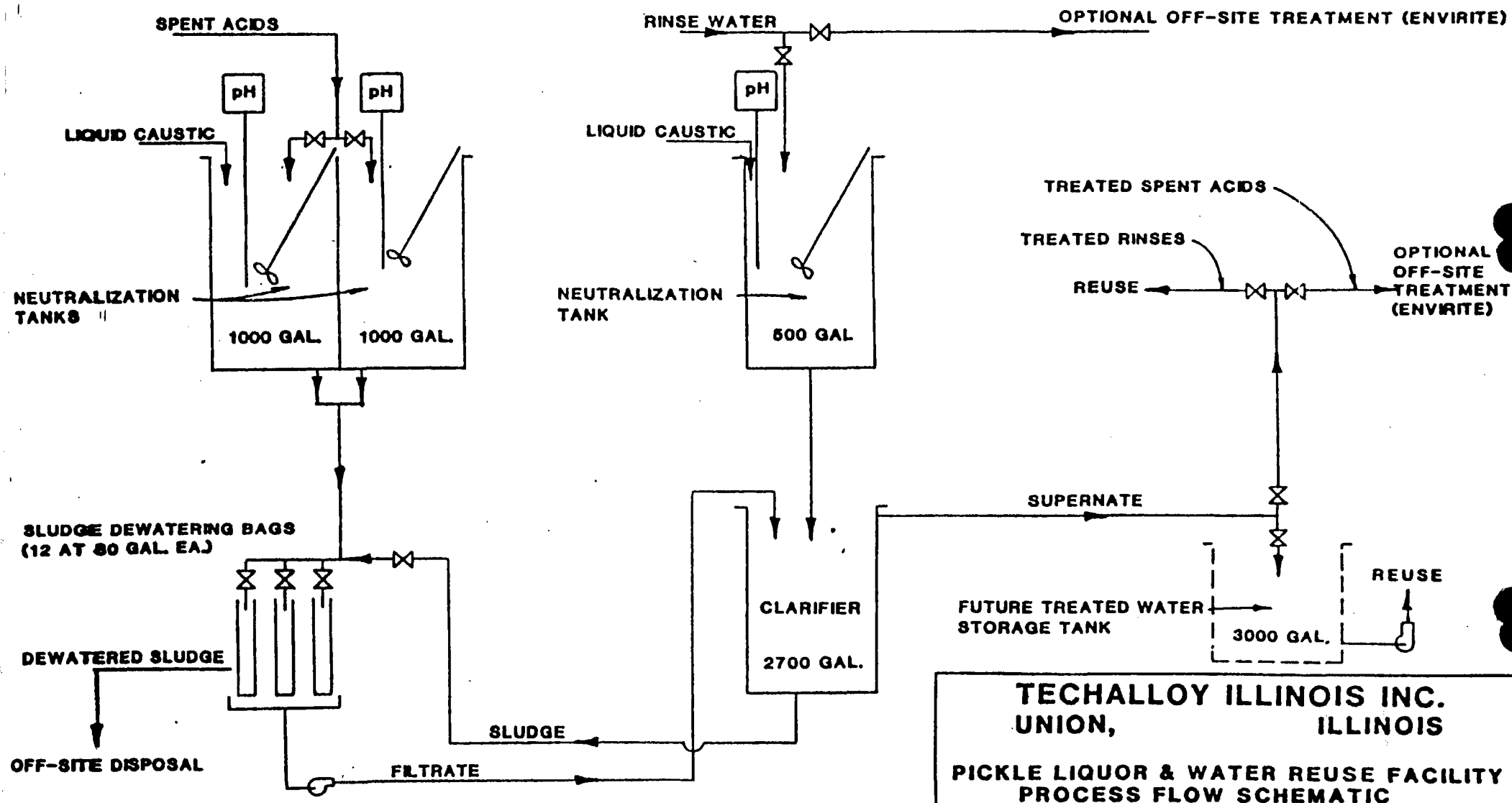
A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES					
			1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (If a code is not entered in D(1))	
K 0 5 4	900	P	T 0 3	D 8 0				
D 0 0 2	400	P	T 0 3	D 8 0				
D 0 0 1	100	P	T 0 3	D 8 0				
D 0 0 2							included with above	

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)												FOR OFFICIAL USE ONLY												
L D O 0 5 1 7 8 9 7 5 1												W DUP 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																								
W Z O J Z	A. EPA HAZARD. WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (If a code is not entered in D(1))										
	22	23	24			25	26	27	28	29	30	31	32	33	34	35	36							
1	D	0	02	4000	P	T	O	1																
2	D	0	03	4000	P	T	O	4																
3																								
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**TECHALLOY ILLINOIS INC.**  
**UNION, ILLINOIS**

**PICKLE LIQUOR & WATER REUSE FACILITY**  
**PROCESS FLOW SCHEMATIC**

**BAXTER & WOODMAN, INC.**  
**CIVIL & SANITARY ENGINEERS**  
**CRYSTAL LAKE ILLINOIS**

**DRAWN BY**  
**SWG**

**DATE**  
**5-13-86**

**FILE NO.**  
**85377**

**SHEET NO.**  
**1 OF 1**

# IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

I	L	D	0	0	5	1	7	8	9	7	5	T	A	C

## VII. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VIII. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## IX. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

## X. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

TECHALLOY ILLINOIS INC.

815-923-2131

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

P.O. BOX 423

G. UNION

IL

60180

## XI. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

GEORGE R. MILLER

1/18/88

## XII. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

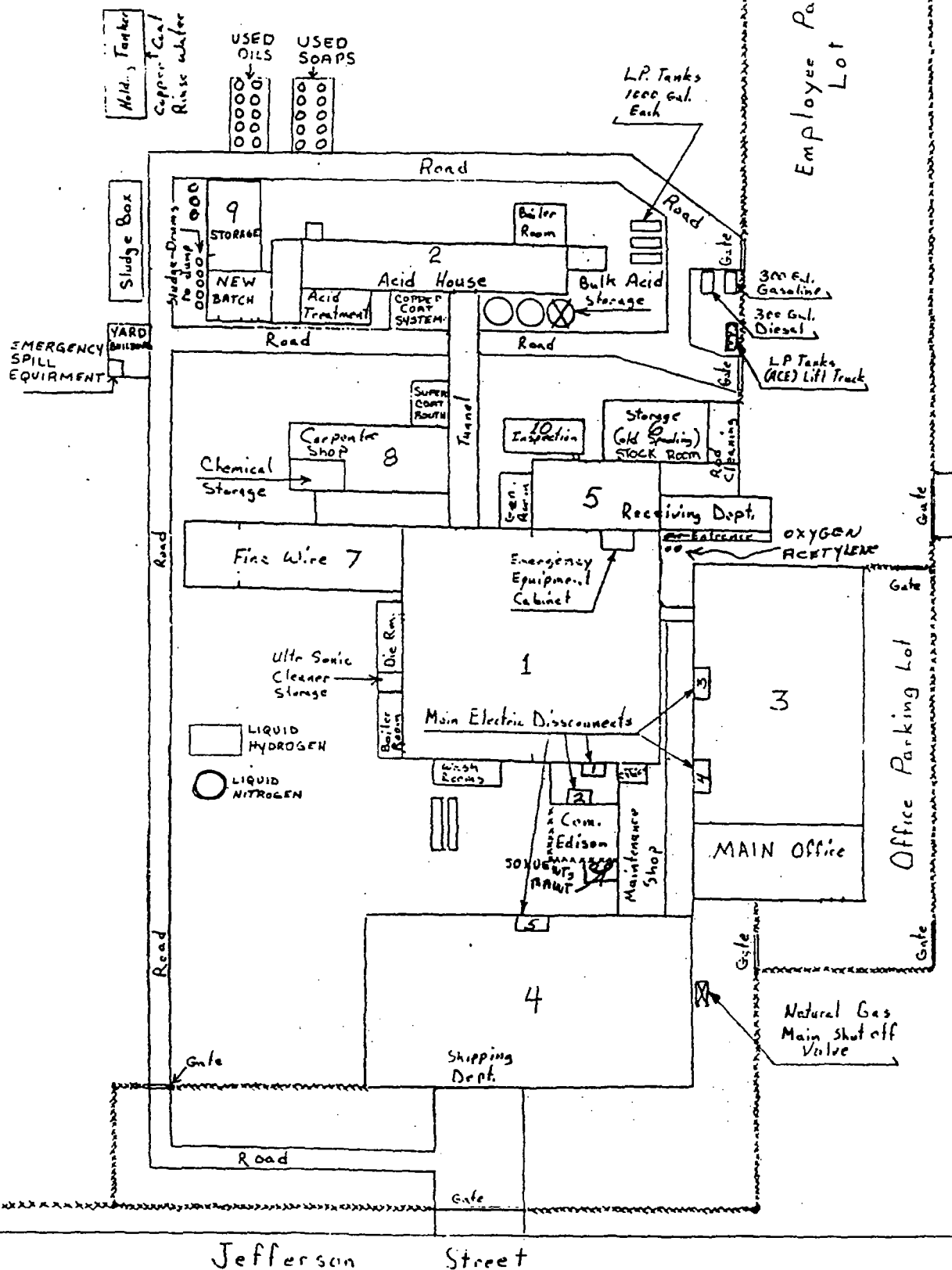
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

GEORGE R. MILLER

1/18/88

$\frac{1}{2}$ 



# Techalloy

ILLINOIS, INC.

UNION, ILL. 60180 Phone: 815-923-2131 (In Chicago: 312-263-6232) TWX: 910-642-3080

May 18, 1983

United States Environmental Protection Agency  
Region 5 RCRA Activities  
P.O. Box 3587  
Chicago, Illinois 60690-3587

Attention: Ms. Parker

Dear Ms. Parker:

Please be advised that Mr. William J. Donnelly, formerly Vice President and General Manager of Techalloy Illinois, has retired.

The writer has been assigned to the position.

Yours truly,

TECHALLOY ILLINOIS, INC.

*Paul A. Lauletta*  
Paul A. Lauletta

Vice President/General Manager

PAL/zrp

RECEIVED

MAY 20 1983

WASTE MANAGEMENT BRANCH  
EPA, REGION V

LD 005-178975-PA, 6, TSD

RECEIVED  
5/20/83

Call Techalloy First

Executive Offices  
Rahna, Penna.  
Techalloy Company, Inc.  
215-489-7211  
TWX 510-660-8918

New York City, N.Y.  
212-925-3494  
Jonesboro (Atlanta), Ga.  
833 Sherwood Drive

Chicago, Illinois  
Direct Line To —  
Techalloy Illinois, Inc.  
312-263-6232

Cheshire, Conn.  
880 Farmington Dr.  
203-272-2021

Houston, Texas  
Techalloy Texas, Inc.  
713-466-1000  
TWX 910-881-1716

Los Angeles, Cal.  
Direct Lines To —  
(Industry) 213-686-0400

City of Industry, Cal.  
Techalloy Inc., California  
213-330-2211  
TWX 910-584-1301

Peris, California  
Techalloy Western, Inc.  
714-657-2400

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Wire, Rod, Strip & Shaped Wire,  
Welding Wire & Coated Electrodes,  
Heat & Corrosion-resistant Alloys,  
Nuclear Metals, Nickel, MONEL,  
INCONEL, INCOLOY, NI-SPAN-C,  
Techalloy Stainless & Alloy Steels,  
Electrical Products



ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

FILED 005178975

OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24 29

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)
X-1	S02	600	G
X-2	T03	20	E
	T01	2000	G
3			
4			

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

N/A

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS . . . . .	P
TONS . . . . .	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS . . . . .	K
METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
T/A C													D/A C														
1													2 DUP														
13 14 15													13 14 15 16 17 18 19 20 21 22 23 24 25														
DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES																
											1. PROCESS CODES (enter)										2. PROCESS DESCRIPTION (if a code is not entered in D(1))						
1	K	0	6	2	258,960	P	502T01																				
2	D	0	0	3	16,600	P	T01																				
3																											
4																											
5																											
6																											
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[illegible]

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
65	66	67	68	69	70	71				72	73	74	75	76	77	78			

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																
3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.			6. ZIP CODE			

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<b>A. NAME (print or type)</b> William P. G.	<b>B. SIGNATURE</b> 	<b>C. DATE SIGNED</b> 1/2/02
-------------------------------------------------	------------------------------------------------------------------------------------------------------------	---------------------------------

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<b>A. NAME (print or type)</b> William R. Gitt	<b>B. SIGNATURE</b> 	<b>C. DATE SIGNED</b> 12/2/88
---------------------------------------------------	------------------------------------------------------------------------------------------------------------	----------------------------------

# Techalloy

ILLINOIS, INC.

Toll Free Number: 1-800-435-8317  
UNION, ILL. 60180 Phone: 815-923-2131 (In Chicago: 312-263-6232) TWX: 910-642-3080

*1LD005178975 G, TSD PA*

RECEIVED

DEC 10 1985

PART A E.P.A. FORM 35-10

SOLID WASTE BRANCH  
U.S. EPA, REGION V

HAS BEEN REVISED

(C) Line Number Two (2) - Has been deleted.

(IV) Description of Hazardous Waste.

Line No. One (1) - Has been changed from  
K063 to K062.

Line No. Two (2) - D003 has been added.

Thank you,

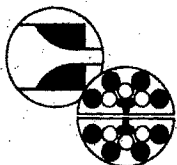
*George Miller*  
George Miller

Maintenance Superintendent

*updated in  
Hwms 2/4/86  
y.v.*

SOLID WASTE BRANCH  
U.S. EPA, REGION V

Call Techalloy First



Executive Offices  
Rahns, Penna.  
Techalloy Company, Inc.  
215-489-7211  
TWX 510-660-6918

New England  
800-523-1777  
Jonesboro (Atlanta), Ga.  
833 Sherwood Drive  
404-478-6966

Chicago, Illinois  
Direct Line To—  
Techalloy Illinois, Inc.  
312-263-6232

Baltimore, Md.  
Techalloy Maryland, Inc.  
Reid-Avery Division  
301-633-9300; 800-638-1458  
TWX 710-235-0800

Houston, Texas  
Techalloy Texas, Inc.  
713-466-1000  
TWX 910-881-1716

Los Angeles, Cal.  
Direct Lines To—  
(Industry) 213-686-0400  
(Perris) 213-332-2411

City of Industry, Cal.  
Techalloy Inc., California  
213-330-2211  
TWX 910-584-1301

Perris, California  
Techalloy Western, Inc.  
714-657-2105  
TWX 910-332-1303

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Strip & Shaped Wire, Welding Wire &  
Coated Electrodes, Heat & Corrosion-  
resistant Alloys, Nuclear Metals, Nickel,  
MONEL\*, INCONEL\*, INCOLOY\*, NI-  
SPAN-C\* Techalloy Stainless & Alloy  
Steels, Electrical Resistance and Glass-  
Sealing Alloys, Aluminum, Waspaloy.  
(\*Reg. T.M. of International Nickel)

# Techalloy

ILLINOIS, INC.

UNION, ILL. 60180 Phone: 815-923-2131 (In Chicago: 312-263-6232) TWX: 910-642-3080

August 18, 1982

RECEIVED  
8/20/82

RECEIVED

AUG 20 1982

WASTE MANAGEMENT BRANCH  
EPA, REGION V

R.C.R.A. Activities E.P.A.  
Region (5)  
Post Office Box A 3587  
Chicago, Illinois 60690

Attention: Mr. Paul Lewandawski

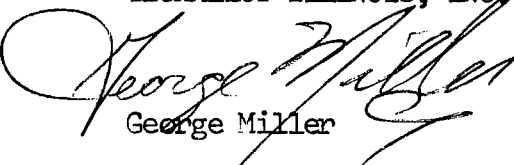
Dear Mr. Lewandawski:

We, at our Techalloy Union, Illinois Plant, are not using our property as a land fill.

We have our own Acid Treatment Equipment. We treat all our spent Acids and ship our Sludge to a land fill site in Rockford, Illinois; Browning Ferris Industries of Illinois, Inc.

Thank you,

TECHALLOY ILLINOIS, INC.

  
George Miller

Maintenance Supervisor

GM/zmp

Note:  
ILD-005-178-975  
G.TSD, PA  
DKT

Call Techalloy First

Executive Offices  
Rahns, Penna.  
Techalloy Company, Inc.  
215-489-7211  
TWX 510-660-8918

New York City, N.Y.  
212-925-3494

Jonesboro (Atlanta), Ga.  
833 Sherwood Drive  
404-478-6966

Chicago, Illinois  
Direct Line To —  
Techalloy Illinois, Inc.  
312-263-6232

Cheshire, Conn.  
880 Farmington Dr.  
203-272-2021  
800-523-1820

Houston, Texas  
Techalloy Texas, Inc.  
713-466-1000  
TWX 910-881-1716

Los Angeles, Cal.  
Direct Lines To —  
(Industry) 213-686-0400  
(Perris) 213-332-2411

City of Industry, Cal.  
Techalloy Inc., California  
213-330-2211  
TWX 910-584-1301

Perris, California  
Techalloy Western, Inc.  
714-657-2105  
TWX 910-332-1303

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Wire, Rod, Strip & Shaped Wire,  
Welding Wire & Coated Electrodes,  
Heat & Corrosion-resistant Alloys,  
Nuclear Metals, Nickel, MONEL,  
INCONEL, INCOLOY, NI-SPAN-C  
Techalloy Stainless & Alloy Steels,  
Electrical Resistance and Glass-  
Sealing Alloys, Aluminum, Waspaloy.  
("Reg. T.M. of International Nickel")

REGION V

STU#1

197

5WMB

stone

to not  
to Becky Stum

E: 8/23/82

RE: Installation Name Wachalop - Illinois Plant

Installation Address Union, IL

EPA ID# ILD0005178975 9 BOPA

FROM: Versar

TO: Bill Miner, Chief  
Technical Permits & Compliance Section

Spot pick up

P.L.

Re-Reg.

Attached for your review is a copy of Letter notifying that  
facility is not using their property as a  
landfill

for the above-referenced facility.

Cover letter date 8/18/82Rec'd in Region 8/20/82Rec'd in Versar 8/20/82

ersar: Action required Correct USEPA records to show this  
company is not a disposal facility (delete D80)  
Ref Stone

Reviewer's summary: Clerical correction.



**FORM 1**

**EPA**

**ENVIRONMENTAL PROTECTION AGENCY**

**GENERAL INFORMATION**

**Consolidated Permits Program**

(Read the "General Instructions" before starting.)

**A. I.D. NUMBER**

**B. FACILITY NAME**

**C. FACILITY MAILING ADDRESS**

**D. FACILITY LOCATION**

**PLEASE PLACE LABEL IN THIS SPACE**

**EPA I.D. NUMBER**

**F. I.D. NUMBER**

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column of the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**NAME OF FACILITY**

**TECHALLOY ILLINOIS INC.**

**FACILITY CONTACT**

**A. NAME & TITLE (last, first, & title)**

**MILLER, GEORGE MAINT. SUP.**

**B. PHONE (area code & no.)**

**815 923 2131**

**FACILITY MAILING ADDRESS**

**A. STREET OR P.O. BOX**

**PO BOX 423**

**B. CITY OR TOWN**

**UNION**

**C. STATE**

**IL**

**D. ZIP CODE**

**60180**

**FACILITY LOCATION**

**A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER**

**OLSON & JEFFERSON RDs**

**B. COUNTY NAME**

**MC HENRY**

**C. CITY OR TOWN**

**UNION**

**D. STATE**

**IL**

**E. ZIP CODE**

**60180**

**F. COUNTY CODE (if known)**

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
3452 (specify)	WIRE DRAWING	7	(specify)
C. THIRD		D. FOURTH	
7	(specify)	7	(specify)

## VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed Item VIII-A also owner?	
WILLIAM J. DONNELLY		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE	M - PUBLIC (other than federal or state) O - OTHER (specify)	P (specify)	815 923 2116
E. STREET OR P.O. BOX			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
		IX. INDIAN LAND	
		Is the facility located on Indian lands?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. MSD (Air Emissions from Proposed Sources)	
N		P	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
U			(specify)
C. HWM (Hazardous Wastes)		F. OTHER (specify)	
800985			(specify)

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

WIRE IS DRAWN THROUGH DIES IN ORDER TO  
REDUCE ITS DIAMETER.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
BILL DONNELLY	<i>William J. Donnelly</i>	11-18-80

## COMMENTS FOR OFFICIAL USE ONLY

FORM 3		ENVIRONMENTAL PROTECTION AGENCY		EPA I.D. NUMBER	
HAZARDOUS WASTE PERMIT APPLICATION		Consolidated Permits Program		(This information is required under Section 3005 of RCRA.)	
OFFICIAL USE ONLY		DATE RECEIVED (yr., mo., & day)		COMMENTS	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
C 8 80 11 18		C 71 73 74 75 76 77 78	

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.  
1. AMOUNT - Enter the amount.  
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A C		1	
C		1		1	
1		2		3	
16 - 18 19		27		28	
29 - 32		33		34	
X-1 S 0 2		600		G	
X-2 T 0 3		20		E	
T 0 1		2000			
D 8 0		0.00075			
3					
4					
16 - 18 19		27		28	
29 - 32		33		34	

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE      CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE      CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
X-1	K	0	5	4	900	P	T	0	3	D	8	0		
X-2	D	0	0	2	400	P	T	0	3	D	8	0		
X-3	D	0	0	1	100	P	T	0	3	D	8	0		
X-4	D	0	0	2										included with above

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
T/A/C										T/A/C									
1										2 DUP									
13 14 15										13 14 15 23 24									
DESCRIPTION OF HAZARDOUS WASTES (continued)																			
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
1	K063	800,000	P																
2																			
3																			
4																			
5																			
6																			
7																			
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26																			

## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
S										T/A	C
F											6
1	2	3	4	5	6	7	8	9	10	11	12

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
88	32	22				42	14	22			
55	56	57	58	59	71	72	73	74	75	76	77

## VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER						2. PHONE NO. (area code & no.)					
E	DAVE SCHMID PRES TECHALOGY CO INC					215	489	7211			
15	16					55	56	57	58	59	60
3. STREET OR P.O. BOX						4. CITY OR TOWN		5. ST.		6. ZIP CODE	
F						G	RAHNS		PENNA		
19	20					47	48	49	50	51	52

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
WILLIAM J. DONNELLY	William J. Donnelly	11/18/80

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V. FACILITY DRAWING (see page 4)

SEE PRINTS



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

5HS-JCK-13

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

U.S. EPA ID #: ILD005178975

ECHEMICALLOY ILLINOIS INC  
PO BOX 423  
UNION

RE: Hazardous Waste Permit Application

IL 60180

Dear Permit Applicant:

As you know, you have previously submitted Part A of the Resource Conservation and Recovery Act (RCRA) permit application for the above-referenced facility. Timely submission of "the Part A" has allowed most hazardous waste management facilities to continue to operate under RCRA "interim status" (or the State program equivalent), while complying with applicable technical and record-keeping standards.

On November 8, 1984, the Hazardous and Solid Waste Amendments of 1984 (the 1984 Amendments) were enacted to modify RCRA. Under the 1984 Amendments, all RCRA permits issued after the date of enactment must provide for corrective action for all releases of hazardous waste or hazardous waste constituents from any solid waste management unit, regardless of the time at which waste was placed in the unit. In addition, all interim status facilities are subject to corrective action requirements, regardless of whether they have 1) submitted a Part B application, 2) submitted a closure plan, 3) reverted to generator status only, 4) actually closed, or 5) none of these. Unless our Agency has formally terminated the facility's interim status, the corrective action requirements apply. Please note that both hazardous and non-hazardous waste can meet the definition of solid waste under 40 CFR 261.2 (or the State regulation equivalent).



**CONTINUING RELEASES AT PERMITTED FACILITIES**

**Sec. 206. Section 3004 of the Solid Waste Disposal Act is amended by adding the following new subsection after subsection (1) thereof:**

**"(1) CONTINUING RELEASES AT PERMITTED FACILITIES.—Standards promulgated under this section shall require, and a permit issued after the date of enactment of the Hazardous and Solid Waste Amendments of 1984 by the Administrator or a State shall require, corrective action for all releases of hazardous waste or constituents from any solid waste management unit at a treatment, storage, or disposal facility seeking a permit under this subtitle, regardless of the time at which waste was placed in such unit. Permits issued under section 3005 shall contain schedules of compliance for such corrective action (where such corrective action cannot be completed prior to issuance of the permit) and assurances of financial responsibility for completing such corrective action."**